

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001930

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

30

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 38 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC., MO.		d. STREET ADDRESS (If outside, give location) 1232 WASHINGTON	
3. NAME OF DECEASED (Type or print) First Middle Last EARL ALVIN WHEELER		4. DATE OF DEATH Month Day Year JUA JANUARY 1, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6-23-07
9. AGE (last birthday) 55		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY AMERICAN TRANSFER CO.	
11. BIRTHPLACE (City and state or country) MOUNTAIN GROVE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANK D. WHEELER		13b. MOTHER'S MAIDEN NAME COREY THORNBURG	
14. NAME OF HUSBAND OR WIFE n/a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT VA Hospital Official Records, K.C., Mo. Oliver Leathers Bro, Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculous pneumonitis of both lungs, severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced active tuberculosis upper lobes, both lungs DUE TO (c) [REDACTED]			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from Dec 31, 1962 to Jan 1, 1963 Death occurred at 3:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE JUN SOGA, M.D. Jun Soga M.D.		22b. ADDRESS VA Hospital, K.C., Mo.	
22c. DATE SIGNED 1-2-63		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 1-4-1963		23c. NAME OF CEMETERY OR CREMATORY FT. LEAVENWORTH NATL CEM.	
23d. LOCATION (City, town, or county) LEAVENWORTH, KANSAS		24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. K.C., Mo.	
25. DATE RECD. BY LOCAL REG. 1-3-63		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.